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## BIB DATA SHEET

CONFIRMATION NO. 4350

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/787,307	02/26/2004	623	3774	PA-5354-RFB	
<b>RULE</b>					
<b>APPLICANTS</b> Brian C. Case, Bloomington, IN; Jacob A. Flagle, Bloomington, IN; Michael L. Garrison, Indianapolis, IN; Andrew K. Hoffa, Bloomington, IN; Ray Leonard II, Bloomington, IN;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,396 02/26/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/10/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JONATHAN R STROUD/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> COOK GROUP PATENT OFFICE P.O. BOX 2269 BLOOMINGTON, IN 47402					
<b>TITLE</b> Prosthesis adapted for placement under external imaging					
<b>FILING FEE RECEIVED</b> 1550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		